

## Testimony before the State of Connecticut Appropriations Committee

February 23rd, 2017

Good evening, Senator Formica, Senator Osten, and Representative Walker and distinguished members of the Committee.

My name is Thomas Burr, from Glastonbury, CT. I am a current Board Officer and past president of the nonprofit Manchester Affiliate of the National Alliance on Mental Illness. I am also the parent of an adult child who is in recovery from bipolar disorder, after 8 years' worth of repeated hospitalizations, incarcerations, and homelessness. Currently he is living on his own; he is in recovery, working full time, and doing very well. Some of the best care he received during his illness occurred right here in Hartford, at the Capital Region Mental Health Center.

You need to know that about 1 in 5 youth and adults in the United States will experience mental health conditions in any given year. These conditions can impact quality of life in numerous ways, including relationships with friends and families and participation in one's community, education and work.

**I am here today to speak in opposition to the proposed cuts to our Mental Health safety net, as outlined in H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.**

### **SPECIFICALLY:**

- **Legal Services/CT Legal Rights Project:** a \$416,000 cut each of the next two years (\$388K cut plus annualization of \$28K cut in FY 2017) would *eliminate housing advocacy* that saves the state money by avoiding unnecessary hospitalization costs such as an emergency room visit (\$666 per housing case vs. \$2,152 per one ER visit). A cut of this size would result in significant staff reductions, thereby undermining CLRP's capacity to represent clients on other legal issues, including but not limited to education and employment discrimination.
- **Regional Mental Health Boards:** Consolidation of and a \$1.2million cut to Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), would essentially *eliminate* the Regional Mental Health Boards and most of the Regional Action Councils. With an average of 2 staff each, RMHBs mobilize over 500 volunteers collectively. The boards' and councils' collaboration help bring in \$23 million dollars in federal funds to the state. For over 40 years the RMHBs have been a vital liaison between the state, local communities and service providers to assess needs, evaluate services, and educate communities on a diverse range of mental health initiatives, concerns and opportunities. The RACs provide prevention, training, and assessment of addiction related conditions in the community. Both have distinct missions and are essential in their own right to the communities they serve.
- **Grants for Mental Health, Substance Use and Employment Opportunities:** Consolidating these three budget line items into one and cutting it by close to \$4.7 million would reduce access to community outpatient services and employment supports.
- **Young Adult Services:** Cuts of close to \$4.5 million may not impact current programming but would likely have an impact and limit on what supports additional young adults (between the ages of 18 -25 would with a history of DCF involvement and

major mental health issues) have access to. Services include clinical, case management, educational and/or employment supports and residential assistance.

- **Community Based Services: Consolidating Home and Community Based Services and TBI (Traumatic Brain Injury) Community Services into one Community Based Services line item and cutting it by close to \$1.4 million will likely have some negative impact on access. These services are crucial for individuals to be able to live successfully in the community.**
- ✓ **Housing Supports and Services: We strongly support maintenance of these services and supports at \$23.3 million in DMHAS budget to support individuals to live quality lives in the community. This will allow individuals to benefit from the proven, effective and cost effective model of Supportive Housing.**
- ✓ **Behavioral health services for low-income adult and Money Follows the Person (MFP): Supporting new case load growth in both these areas is part of supporting people's health and help people move from institutional care (like nursing homes) into community living.**

Our NAMI Manchester Affiliate strongly opposes any cuts to the safety net in regards to mental health and behavioral health services and supports. We CLEARLY should be investing MORE into our states Mental Health System, and not LESS.

Please be aware that adding additional barriers to supporting people to live in the community with relevant services and supports will not address our citizen's needs AND make budget issues worse, by adding over a \$1,000 PER day PER person to the state's expenses\*; as people with mental health challenges who cannot access care in their communities will often wind up using expensive crisis-based services, such as the ER, inpatient psychiatric hospitals; or worse, ending up in our jails and/or prisons.

**IN SUMMARY: Cutting these core services and supports is bad policy for our citizens, AND bad policy for our budget, so I urge you to protect the health and wellbeing of our Connecticut residents by supporting these essential and core services and supports. Prevention Works, Treatment is Effective, and People Recover. My son is just one of countless examples of people who have recovered, and who are now leading meaningful lives, working, and paying taxes!**

Thank you. I will now gladly answer any questions you have.

Respectfully submitted,

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\* Typical per diem costs for ER (\$2,152), inpatient psychiatric (\$1,157), or hospitalization (\$1,089) costs; data courtesy of the Connecticut Legal Rights Project.